

# Michigan Gaming Control Board

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1500 Abbott Road, Suite 400, East Lansing, MI 48823



## SUPPLIER LICENSE GAMING-RELATED

## **SUPPLIER LICENSE: GAMING-RELATED**

This form is authorized under Public Act 69 of 1997, the Michigan Gaming Control and Revenue Act. Failure to provide information could result in rejection of, or delay in, the processing of this application.

A “gaming-related” supplier is a person who provides a casino enterprise with goods or services that are directly related to the conduct of gaming, or which otherwise directly affect the play and results of gambling games.

Examples of **gaming-related** suppliers include, but are not limited to, providers of:

- Slot machines
- Cards or dice
- Tokens
- Computerized gaming monitoring systems
- Credit reporting services
- Surveillance and security systems

An application for a Gaming-related Supplier License must include a written agreement with, or a written statement of intent to enter into an agreement from, a casino licensee. This agreement or statement must specify the type of goods or service that the applicant will be supplying to the casino. The Board will not process an application without this agreement or statement.

Additionally, please contact the MGCB Gaming Laboratory at 313/456-4215 regarding laboratory submissions and approvals.

**An applicant may claim any privilege afforded by the Constitution or laws of the United States or of the state of Michigan in refusing to answer questions or provide information requested by the Board. However, a claim of privilege with respect to any testimony or evidence pertaining to eligibility, qualifications, or suitability of an applicant to be granted or hold a license under the act and rules may constitute cause for denial, suspension, revocation or restriction of the license.**

### **Fees Associated with a Supplier License**

The applicant is responsible for the payment of all fees required under the Act, including application, background, and investigative costs. All payments must be by cashier's check, certified check, company check or money order and made payable to the “State of Michigan.” Do not send cash.

#### **Application Fee:**

The required application fee (see table below) must be submitted with this completed license application to the Michigan Gaming Control Board, 1500 Abbott Road, Suite 400, East Lansing, MI 48823. The application fee is dependent on the dollar amount of business that the gaming-related supplier will have with one or more casino licensees on an annual basis. See Part 10(A).

<b>Annual Dollar Amount of Business</b>	<b>Application Fee</b>
\$500,000 or more	\$2,500.00
\$100,000 to \$499,999	\$1,000.00
\$99,999 or less	\$500.00

**Send only the application fee with this application.**

#### **Investigation Fee:**

The applicant will be billed for any additional investigative costs incurred by the Board during the course of the background investigation, once the application fee is exhausted. Processing of an application by the Board will be delayed pending the receipt of any additional payments from the applicant.

### **License Fee:**

In addition to the application fee, a \$5,000.00 license fee is due upon the Board's approval for a full supplier license and on an annual basis thereafter, to continue licensure.

### **Definitions**

A CD-ROM containing Microsoft Word 2000 text files entitled "ADMINRULE" and "PA69," has been included with the gaming-related supplier application CD-ROM. The Michigan Gaming Control Board has adopted these definitions for licensing and regulatory purposes.

For the purposes of this application, the term "applicant," unless otherwise specified, means the person applying for a gaming-related supplier license. The term "applicant" includes predecessor companies, which are entities that no longer exist in their original form but whose assets in substantial part have been acquired by another person or which have undergone certain internal changes, such as those of identity, form, or capital structure.

This application will refer to the applicant's business as the "enterprise." An "enterprise" is any form of business association including an individual, corporation, limited liability company, association, partnership, limited liability partnership, trust, entity, or other legal entity.

### **Instructions**

The Gaming-related Supplier Application is to be completed by the person (individual or business entity) seeking a gaming-related supplier license from the Michigan Gaming Control Board. In addition to submitting this application, the applicant must include Personal Disclosure Forms and/or Business Disclosure Forms for all the following individuals or entities:

- Affiliate
- Officer
- Director
- Managerial Employees of the Applicant
- Individual or Affiliated Company holding greater than a 1% (5% if the Applicant is a publicly traded company) direct or indirect interest in the Applicant

The applicant should respond to the questions contained herein to the best of her/his knowledge. **Any misrepresentation or omission is grounds for license denial.**

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. **Note:** The Board, in its discretion, may hereafter require the applicant to furnish additional information or complete and submit additional forms.

Pursuant to Rule 206(2) of the Michigan Gaming Control & Revenue Act and Rules, A licensee or an applicant for a license has a continuing duty to disclose promptly any material changes in information provided to the board as soon as the applicant or licensee becomes aware of the change. The duty to disclose changes in information continues throughout any period of licensure granted by the board.

The Supplier License Gaming-related Application is formatted in Microsoft Word 2000 with unlimited data entry for inserting answers. If you require assistance in completing this application, please contact the Michigan Gaming Control Board, Licensing Division, in East Lansing at 517/241-0040. General information is also available from the Board's Internet web site at [www.michigan.gov/mgcb](http://www.michigan.gov/mgcb).

Completely answer all questions. If a question is not applicable, check the appropriate box or write "N/A" in the space provided.

There are tables in this application. If you choose to complete this application by hand and need more space on any of the tables, attach additional pages as necessary (see "TABLES" file on the CD-ROM).

All required information **must** be provided in the format supplied in the application and disclosure forms.

Please do not use any staples or binders. Paperclips, rubberbands, and binder clips are acceptable.

## GAMING-RELATED SUPPLIER

**NAME OF APPLICANT** (as appears on the certificate of incorporation, charter, by-laws, partnership agreement, operating agreement, or other official document)

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**D/B/A**

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### BUSINESS ADDRESS

<u>Number/Street</u>	<u>City</u>	<u>State</u>	<u>ZIP</u>
<u>Business Telephone Number</u> (   )	<u>Business Fax Number</u> (   )	<u>Country</u>	<u>Province</u> (if applicable)

Business website

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Federal Identification Number (FIN):

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Michigan Taxpayer Number:

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Dun & Bradstreet Number (DUNS):

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Social Security Number (for individual proprietorship only):

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## PART 1 – DESCRIPTION OF BUSINESS

A. Specify the business form of this enterprise:

- ☐ Corporation    ☐ Partnership    ☐ Trust  
☐ Joint Venture    ☐ Sole Proprietorship    ☐ Limited Liability Corporation  
☐ Other. (Describe) \_\_\_\_\_

B. Is the enterprise a publicly traded corporation?    ☐ No    ☐ Yes

If you answered **yes**, please submit the following information on all institutional investors, as defined by section 6c(1) of PA 69, that hold 5% or more interest in the enterprise:

TABLE 1

Name and Address of Institutional Investor	% of Ownership	Number of Shares Held

☐ Check here if Table 1 continued

C. If the applicant is not an individual, attach as **Exhibit 1** the business's state of incorporation or registration, its corporate officers and identity of shareholders (Note: If a registration statement or pending registration statement is on file with the Securities and Exchange Commission, only the names of those persons or entities holding interest of 5% or more need be provided.)

D. State the type of equipment, goods, and services that will be provided to the casino.

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## PART 2 – OWNERSHIP INFORMATION

A. Does your enterprise have any financial or ownership interest, or other relationship with a:

- | No                       | Yes                      |                                |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Casino Applicant/Licensee      |
| <input type="checkbox"/> | <input type="checkbox"/> | Supplier Licensee or Applicant |
| <input type="checkbox"/> | <input type="checkbox"/> | Casino or Supplier Vendor      |

If you answered **yes** to any of the above, explain the nature of the interest or relationship:

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B. Does the applicant or applicant's spouse, parent or child have an equity interest of more than 5% in any business entity?

☐ No    ☐ Yes

If you answered **yes**, submit as **Exhibit 2** the name of the business and the state of incorporation or registration.

### PART 3 – GOVERNMENT REGULATION

A. Is the enterprise subject to regulation by a public agency in this state or any other jurisdiction?

☐ No ☐ Yes

If you answered **yes**, complete the following table:

TABLE 2

Name and Location of Public Agency	Type of Regulation	License No. or Other Identifying No.

☐ Check here if Table 2 continued

B. Has the applicant ever had a complaint or other notice of pending disciplinary action from any jurisdiction? ☐ No ☐ Yes

Has the applicant ever had any license or certificate issued by any jurisdiction denied, restricted, suspended, revoked or not renewed? ☐ No ☐ Yes

Has the applicant ever withdrawn its application, license or certificate in any jurisdiction?

☐ No ☐ Yes

Has the applicant ever appeared on the exclusion list in any jurisdiction? ☐ No ☐ Yes

If you answered **yes** to any of these questions, include a statement describing the facts or circumstances. Complete the following table:

TABLE 3

Name of Licensing Authority	Date of Action

☐ Check here if Table 3 continued

### PART 4 – DEBT, INSOLVENCY OR BANKRUPTCY ACTIONS

Has the applicant ever filed, or had filed against it, a proceeding for bankruptcy or ever been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt?

☐ No ☐ Yes

If you answered **yes**, complete the following:

Date of filing	Name and location of court:	Case Number:	Disposition:

**PART 5 - TAX**

- A. Have you filed all required Federal, State and local tax returns with the appropriate agencies for yourself or any business entity in which you have a financial or ownership interest for the last ten years?

☐ **No**    ☐ **Yes**    If you answered **no**, provide a brief explanation in the space provided below.

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- B. Has there been filed against the applicant or has the applicant been served with a complaint, lien, judgment, or other notice filed with any public body regarding the payment of any tax required under Federal, State or Local law?

☐ **No**    ☐ **Yes**    If you answered **yes**, complete the following table:

**TABLE 4**

<b>Taxing Agency</b>	<b>Type of Tax</b>	<b>Date of Taxing Period (MM/YY)</b>	<b>Amount</b>

☐ **Check here if Table 4 continued**

## PART 6 - POLITICAL CONTRIBUTIONS/PUBLIC OFFICIALS

Please note that an applicant, including associated key persons, may not make a political contribution to a state or local elective office-holder, candidate, candidate committee, political party committee, independent committee (as defined by the *Michigan Campaign Finance Act*), or committee organized by a state legislative caucus, once the application for supplier licensure is submitted to the MGCB and for a period of three (3) years after the license expires. See Public Act 69 of 1997; MCL 432.201 et. seq., including MCL 432.207(b). Also, see Rule 206(2) of the Board's Administrative Rules.

- A. Within five (5) years of this application, has the applicant, or the spouse, parent, child, or spouse of child of the applicant, either directly or indirectly, made any political contribution, loan, gift, or other payment to any candidate, campaign committee or officeholder elected in this state? (Sec.7(b))

☐ No ☐ Yes If you answered **yes**, complete the following table:

TABLE 5

Name of candidate/ office holder	Office sought/held	Date	Amount	Method of payment	Intermediary, if any
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					

☐ Check here if Table 5 continued

Does any public official or officer of any governmental entity, or any relative of said officials or officers, directly or indirectly, own any financial interest in, have any beneficial interest in, hold any debt or credit instrument issued by, hold or have any interest in any contractual or service relationship with the applicant? ☐ No ☐ Yes If you answered **yes**, complete the following:

TABLE 6

Name Of Official/Officer	Title	Business Address	Telephone Number
Last Name:		Address:	
First Name, MI:		City: State: ZIP:	( )
Last Name:		Address:	
First Name, MI:		City: State: ZIP:	( )
Last Name:		Address:	
First Name, MI:		City: State: ZIP:	( )

☐ Check here if Table 6 continued



## PART 7 – CRIMINAL HISTORY

The questions listed below relate to criminal offenses, either felony or misdemeanor under the laws of any jurisdiction. Answer each question as it pertains to the applicant. Do not include traffic violations. Has the applicant ever:

<b>No</b>	<b>Yes</b>		<b>No</b>	<b>Yes</b>	
<input type="checkbox"/>	<input type="checkbox"/>	been convicted	<input type="checkbox"/>	<input type="checkbox"/>	pleaded guilty
<input type="checkbox"/>	<input type="checkbox"/>	forfeited bail	<input type="checkbox"/>	<input type="checkbox"/>	been indicted
<input type="checkbox"/>	<input type="checkbox"/>	pleaded nolo contendere (no contest)			

If you answered **yes** to any of the above, complete the following table:

**TABLE 7**

Nature of charge or arrest	Date of charge or arrest	Name & location of court involved	Disposition	Date	Felony or misdemeanor

☐ Check here if Table 7 continued

## PART 8 – ADDITIONAL CRIMINAL HISTORY

For the next five questions, do not include traffic violations.

A. Have you ever been granted immunity?

☐ **No** ☐ **Yes**

B. Have you ever been named an unindicted co-conspirator?

☐ **No** ☐ **Yes**

C. Describe all arrests, which did not result in a formal criminal charge. ☐ **N/A**

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D. Describe all criminal convictions that have been expunged. ☐ **N/A**

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E. Has your enterprise ever been charged with a criminal offense, either felony or misdemeanor?

☐ **No** ☐ **Yes**

If you answered **yes**, describe the nature and date of the charge, name and address of government agency or court involved, and disposition.

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## PART 9 – PRIOR NAMES AND ADDRESSES OF THE ENTERPRISE

- A. List all other names under which the enterprise has done business for the last five years:

☐ N/A

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- B. List other addresses from which the enterprise has done business for the last five years.

☐ N/A

TABLE 8

Number and Street	City	State	ZIP	From:	To:

☐ Check here if Table 8 continued

## PART 10 – AGREEMENTS

- A. Provide the estimated annual dollar amount of goods and/or services being provided to the casino licensee(s). \_\_\_\_\_

- B. Has the enterprise entered into any written agreements with a casino licensee?

☐ No ☐ Yes

If **yes**, submit **Exhibit 3**, a copy of such an agreement.

If **no**, submit **Exhibit 3**, a written statement of intent to enter into an agreement from a casino licensee

**The Board will not process an application without this agreement or statement.**

- C. Has the enterprise entered into any unwritten agreements with a casino?

☐ No ☐ Yes

If **yes**, submit **Exhibit 4**. Exhibit 4 shall describe the terms of each unwritten agreement, including names of persons and/or entities entering into the unwritten agreement and the expected duration and terms of compensation of each such agreement.

- D. Are or were any agreements between this enterprise and a casino in any way subject to or conditioned upon any other agreement between the casino and either this enterprise or any other enterprise whatsoever?

☐ No ☐ Yes

If **yes**, submit **Exhibit 5**. Exhibit 5 shall identify each such agreement, explain the relationship and name the enterprise.

- E. Are or were any agreements between this enterprise and any casino contingent upon other agreements between the enterprise and its suppliers, vendors or subcontractors?

☐ No ☐ Yes

If **yes**, submit **Exhibit 6**. Exhibit 6 shall identify the said suppliers, vendors or subcontractors and identify the relationship between that agreement and any other agreement with a casino.

- F. Are any of the suppliers, vendors or subcontractors of the enterprise holders of any securities of the enterprise or creditors as to any long- or short-term debt of the enterprise?

☐ No ☐ Yes

If **yes**, submit **Exhibit 7**. Exhibit 7 shall identify the said suppliers, vendors or subcontractors, the nature of the interest or debt, and the amount thereof.

## PART 11 – FINANCIAL INSTITUTIONS

- A. Provide the following information in the table below for each bank, credit union, savings and loan association, stock brokerage firm, or other financial institution, foreign or domestic, in which the enterprise has or has had an account over the last 10-year period regardless of whether such account was held in the name of the enterprise, a nominee of the enterprise or was otherwise under the direct or indirect control of the enterprise:

TABLE 9

Name and Address	Type of Account	Name of Account	Account Number(s)

☐ Check here if Table 9 continued

- B. Submit as **Exhibit 8** a list of all debt instruments of your enterprise. Exhibit 8 shall include the following information: ☐ N/A
1. The full names, business addresses, and telephone numbers of **all holders of each debt instrument** including individuals, business entities, and investment bankers, brokerage houses or other financial institutions.
  2. The type of debt instrument, date and amount of initial and current debt, repayment terms, maturity date, interest rate and collateral used for each debt instrument.
  3. The explanation or reason for each debt instrument.

## PART 12 – LITIGATION

A. Is your enterprise currently a party to any civil lawsuits?

☐ No ☐ Yes

If you answered **yes**, submit as **Exhibit 9a**, a description of all existing civil litigation to which the enterprise or any subsidiary is presently a party whether in this state or another jurisdiction. Exhibit 9a shall include the following:

1. Official title or caption of the case
2. Docket or case number
3. Name and location of the court before which the case is pending
4. Identity of all parties to the litigation
5. General nature of all claims being made

B. Has your enterprise been a party to any other litigation

1. in the previous ten years in which the enterprise or any of its officers, executives, or managers were accused of intentional misconduct. ☐ No ☐ Yes
2. in which an ultimate decision adverse to the enterprise or any of its officers, executives or managers would have or could have a current or future effect on the enterprise.  
☐ No ☐ Yes
3. in which an ultimate decision adverse to the enterprise or any of its officers, executives or managers could reasonably be expected to reflect upon the current or future financial responsibility or ability of the enterprise or the character, reputation, or integrity, of the enterprise or any of its officers, executives or managers. ☐ No ☐ Yes

If you answered **yes** to any of the above, submit the following as **Exhibit 9b**:

1. Official title or caption of the case
2. Docket or case number
3. Name and location of the court before which the case is pending
4. Identity of all parties to the litigation
5. General nature of all claims being made

## PART 13 – APPLICANTS

The following individuals or entities **must** complete either a **Personal Disclosure Form** or a **Business Disclosure Form**, as applicable, as part of this application:

1. Any individual or entity holding greater than 1% direct or indirect interest in the applicant (5% interest if the applicant is a publicly traded corporation)
2. All officers of the applicant
3. All directors or trustees of the applicant
4. All managerial employees of the applicant who perform the function of principal executive officer, principal operating officer, principal accounting officer or an equivalent officer
5. All individuals or entities holding greater than 5% direct or indirect interest in an individual or entity who has a controlling (15%) interest in the applicant
6. All managerial employees of an individual or entity that has a controlling (15%) interest in the applicant and who exercise management, supervisory or policy making authority over the applicant's business operations in Michigan and who is not otherwise subject to occupational licensing in Michigan

The Michigan Gaming Control Board may require additional individuals and entities to submit disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of its background investigation.

Provide the following information for each individual or entity identified under Part 13:

**Note: A Personal Disclosure Form or a Business Disclosure Form, as applicable, must accompany this Supplier License Application for each individual or entity identified in Table 10:**

**TABLE 10**

Name	Date of Birth	Home Address	% of Ownership	Title/Position
Full Name: <input type="checkbox"/> <b>Personal or Business Disclosure attached</b>		Address: City:                      State:                      ZIP: Country:		
Full Name: <input type="checkbox"/> <b>Personal or Business Disclosure attached</b>		Address: City:                      State:                      ZIP: Country:		
Full Name: <input type="checkbox"/> <b>Personal or Business Disclosure attached</b>		Address: City:                      State:                      ZIP: Country:		
Full Name: <input type="checkbox"/> <b>Personal or Business Disclosure attached</b>		Address: City:                      State:                      ZIP: Country:		
Full Name: <input type="checkbox"/> <b>Personal or Business Disclosure attached</b>		Address: City:                      State:                      ZIP: Country:		
Full Name: <input type="checkbox"/> <b>Personal or Business Disclosure attached</b>		Address: City:                      State:                      ZIP: Country:		
Full Name: <input type="checkbox"/> <b>Personal or Business Disclosure attached</b>		Address: City:                      State:                      ZIP: Country:		

☐ Check here if Table 10 continued

## PART 13 A – ADDITIONAL APPLICANTS

The following persons **must** complete a Personal Disclosure Form, as applicable, as part of this application:

1. All Board of Directors, or equivalent positions, for the Applicant's ultimate parent company.
2. All Board of Directors with membership on any Audit, Compensation, Compliance or equivalent Committees held in the ultimate parent company.

The following persons **may** be required to complete a Personal Disclosure Form, as applicable, as part of this application:

1. All Board of Directors, or equivalent positions, for each holding company including the Applicant's ultimate parent company.

The Michigan Gaming Control Board may require additional individuals and entities to submit disclosure forms based on information contained in this application or otherwise disclosed to the Board during the course of its background investigation.

Regardless of whether persons will/will not be required to complete a Personal Disclosure Form, as indicated above, **ALL** persons meeting the criteria under Part 13 A must be identified below:

TABLE 10A

Name	Title/Position	Company Name	% of Ownership	List Committee Name
Full Name: <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		
Full Name: <input type="checkbox"/> <i>Personal or Business Disclosure attached</i>		Address: City: State: ZIP: Country:		

☐ Check here if Table 10A continued

## PART 14 - MISCELLANEOUS

- A. Are there any distributors, sales representatives or other individuals or business entities that formally or informally distribute, market or represent goods produced or services rendered by the applicant's enterprise?

☐ No ☐ Yes

If you answered **yes**, submit **Exhibit 10**. Exhibit 10 shall identify the full name, address and telephone number of all such distributors, sales representatives or other individuals or business entities.

- B. Has your enterprise, during the last ten-year period, been a beneficiary under, settler, trustee or other fiduciary of or grantor or transferor to any trust?

☐ No ☐ Yes

If you answered **yes**, submit as **Exhibit 11** a detailed statement describing the nature and terms of your connection with the trust, whether the trust is domestic or foreign and the location of the trust assets.

- C. Does your enterprise have any direct, indirect or attributed legal or beneficial interest in any business entity outside the United States?

☐ No ☐ Yes

If you answered **yes**, submit as **Exhibit 12** a detailed statement describing each business entity, including its location and the enterprise's interest and/or affiliation with the business entity.

- D. Does your enterprise have any assets or liabilities outside the United States?

☐ No ☐ Yes

If you answered **yes**, submit as **Exhibit 13** a detailed statement describing each asset and/or liability, including its type, value or amount, and location.

- E. During the last ten-year period, has the enterprise, any director, officer, partner or employee or any third party acting for or on behalf of the enterprise made any bribes or kickbacks to any employee, company or organization to obtain favorable treatment?

☐ No ☐ Yes

- F. During the last ten-year period, has the enterprise, any director, officer, partner or employee or any third party acting for or on behalf of the enterprise made any bribes, kickbacks to any government official, domestic or foreign, to obtain favorable treatment?

☐ No ☐ Yes

- G. During the last ten-year period, has the enterprise maintained any assets including bank account(s), domestic or foreign, not reflected on the enterprise's books or records?

☐ No ☐ Yes

- H. During the last ten-year period, has the enterprise maintained any assets, i.e. numbered account(s) or any account(s) in the name of a nominee for the corporation?

☐ No ☐ Yes

- I. List the names and addresses of any present or former directors, officers, partners, or employees of third parties who would have knowledge or information concerning the questions affirmatively answered under this Part.

☐ N/A

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## PART 15 – FORMER BUSINESS

Describe any former business, not listed elsewhere in this Application, which the enterprise or any parent, intermediary or subsidiary company engaged in during the last ten-year period and the reasons for the cessation of such business. Also indicate the approximate time period during which each such business was conducted. ☐ **N/A**

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## PART 16 – FLOW CHART - REQUIRED

Attach as **Exhibit 14** a flowchart illustrating the fully diluted ownership of the applicant. List all parent, holding or intermediary companies until the flowchart reflects the stock, partnership or ownership interest as being held by a natural person(s) and not another enterprise(s). If the ultimate parent company is publicly traded and no natural person controls more than 5% of the publicly traded stock, indicate that in a footnote to the flowchart. ☐ **Attached**

## PART 17 – SECURITIES

Has the enterprise had any securities or debt offerings suspended from trading or had any action taken against it by any financial regulatory agency?

☐ **No**   ☐ **Yes**   If you answered **yes**, complete the following table:

TABLE 11

Type of Securities or Debt Offerings	Name and Location of Regulatory Agency	Date of Action	Action Taken

☐ Check here if Table 11 continued



## PART 18 - LICENSING

Has the enterprise ever applied in any jurisdiction for a license, permit or other authorization to participate in lawful gaming operations (including manufacturer or distributor of gaming supplies, casino gaming, horse racing, dog racing, pari-mutuel operations, lottery, or sports betting)?

☐ **No**    ☐ **Yes**

If you answered **yes**, complete the following table:

**TABLE 12**

Name and Address of Licensing Agency	License No.	Type of Gaming Activity

☐ Check here if Table 12 continued

## PART 19. LIAISON TO BACKGROUND INVESTIGATORS

RULE 432.1324(2)(f) requires identification of an individual to provide assistance to background investigators.

**TABLE 13**

Last Name:	Business Name:	Business Telephone: (    ) Extension:
First Name, MI:	Title:	
Check one: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Business Address:	Business Fax: (    )
E-mail Address:	City:	State:
ZIP:	Country:	Province (if applicable):

## ADDITIONAL REQUIRED DOCUMENTS

Attach as exhibits the following documents (if an exhibit does not apply, check the "N/A" block):

**Organization Documents (Exhibit 15)** ☐ **Attached** ☐ **N/A**

- Certificate of incorporation, charter, by-laws, partnership agreement, trust agreement, operating agreement, articles of organization or other basic document of the enterprise

**Licenses and Certificates (Exhibit 16)** ☐ **Attached** ☐ **N/A**

- All licenses and certificates issued by any jurisdiction where applicant or its enterprise does business

**Financial Statements (Exhibit 17)** ☐ **Attached** ☐ **N/A**

- Audited financial statement which shall include, but not be limited to, an income statement, balance sheet, statement of sources and application of funds and all notes to such statements and related financial schedules for the last fiscal year
- All financial statements prepared in the last five years with respect to the enterprise and any material findings and exceptions taken to such statements by any management response thereto
- If the enterprise does not normally have its financial statements audited, attach as an appendix to this form all unaudited financial statements prepared in the last five years with respect to the enterprise

**Annual Reports (Exhibit 18)** ☐ **Attached** ☐ **N/A**

- All annual reports of the enterprise that were submitted to shareholders, partners, or other persons during the last five years
- A corporation that is a registrant under the Securities Act of 1933 or the Securities Exchange Act of 1934 shall submit a copy of all annual reports prepared on Form 10K and filed within the last five years

**Quarterly Reports (Exhibit 19)** ☐ **Attached** ☐ **N/A**

- All quarterly financial statements prepared by or for the enterprise, if any, since the last annual report noted above
- A corporation that is a registrant with the Securities Exchange Commission (SEC) may submit a copy of the Form 10Q last filed with the SEC

**Interim Reports (Exhibit 20)** ☐ **Attached** ☐ **N/A**

- All reports prepared due to the occurrence of any of the following events:
  - Change of control of the enterprise
  - Acquisition or disposition of assets
  - Bankruptcy or receivership proceedings
  - Changes in the enterprise's certifying accountant
  - Any other material event
- A corporation that is a registrant with the SEC may submit a copy of the most recent Form 8K filed with the SEC ☐ **N/A**

**Proxy and Informational Statements (Corporations only) (Exhibit 21)** ☐ **Attached** ☐ **N/A**

- The last definitive Proxy or Informational Statement filed pursuant to Section 14 of the Securities Exchange Act of 1934

**Registration Statements (Corporations only)(Exhibit 22)**☐ **Attached**☐ **N/A**

- All Registration Statements filed in the last five years pursuant to the Securities Act of 1933

**Reports of Accountants (Exhibit 23)**☐ **Attached**☐ **N/A**

- All reports and correspondence, other than those previously included in this application, submitted in the last five years by independent auditors for the enterprise which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations

**Organizational Chart (Exhibit 24) - REQUIRED**☐ **Attached**

- A chart showing the corporate structure of the enterprise, and
- An organizational chart identifying all officers of the enterprise and all members of the board of directors. Include position descriptions and the names of persons holding such positions.

**Tax Returns (Exhibit 25) - REQUIRED**☐ **Attached**

- All 1120 Forms (U.S. Corporate Income Tax Return), or all 1065 (U.S. Partnership Return), or 1040 (personal tax return), and state business or personal tax return, for the last three years. Include all amended returns
- Include all schedules and attachments to these returns

**Insurance Documents (Exhibit 26) - REQUIRED**☐ **Attached**

- Certificate of Insurance for the enterprise demonstrating insurance and limits for liability and casualty

**ATTACHMENT A**

**APPLICANT'S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT**

I, \_\_\_\_\_  
(Applicant)

hereby acknowledge that the Michigan Gaming Control Board will require supplemental materials in order to carry out its statutory duties. The applicant hereby agrees to submit supplemental materials as requested by the Board.

hereby acknowledge that issuance of a gaming license is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this form, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application may be requested.

hereby acknowledge that I am under a continuing duty to promptly disclose to the Board any changes in the information provided in the application and requested materials submitted to the Board. To comply with this requirement I must submit a letter to the Board stating the changes and reference the specific question(s) within the application to which the changes pertain.  
(Rule 206(2) and Sec.7.(a)(12))

hereby consent to inspections, searches, and seizures as provided in *Section 5.(4)* and to disclose to the Board and its agents confidential records, including tax records held by any federal, state or local agency or credit bureau or financial institution while applying for or holding a license under this act. (Sec.6.(9) Sec.7.(a)(11)) This consent is authorization to review and inspect tax records administered under the Revenue Act 122 of 1941 (as amended).

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

IN WITNESS WHEREOF, I have executed this instrument at the city of \_\_\_\_\_, State of \_\_\_\_\_,  
on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_, of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of Residence:

**ATTACHMENT B**

**APPLICANT'S CONSENT TO RELEASE INFORMATION**

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such Institutions, and All Governmental Agencies federal, state and local, without exception, both foreign and domestic.

On behalf of

\_\_\_\_\_  
(NAME OF ENTITY)

I, \_\_\_\_\_  
(NAME AND TITLE OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

have authorized the Michigan Gaming Control Board to conduct a full investigation into the background and activities of said entity.

Therefore, you are hereby authorized to release any and all information pertaining to said entity, documentary or otherwise, as requested by any employee or agent of the Michigan Gaming Control Board, provided that he or she certifies to you that said entity has an application pending before the Michigan Gaming Control Board or that said entity is a licensee or other person required to be qualified under the provisions of the Michigan Gaming Control and Revenue Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostat copy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this release at the city of \_\_\_\_\_, State of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Title

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_, of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of residence:

**ATTACHMENT C**

**RELEASE OF ALL CLAIMS**

The undersigned has filed with the Michigan Gaming Control Board certain forms and documents relative to a written application request for licensing by the Board. In consideration of the assurance by the Board that no vote on said application will be taken except after deliberate, intensive and thorough investigation of the undersigned, including but not limited to background history, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the Michigan Gaming Control Board, the State of Michigan, the Department of Attorney General, the Department of State Police and their respective members, agents and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at the city of \_\_\_\_\_, State of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_, of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of residence:

**ATTACHMENT D**

**APPLICANT'S VERIFICATION**

State of            SS:

County of

I,            , being first duly sworn upon oath or affirmation, depose and state:

1. I am the individual responsible for submitting this application.
2. I swear (or affirm) that the information contained in this application form is true, complete and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

WITNESS, my hand and Notary Seal, this            day of            , of            .

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of residence:

**ATTACHMENT E**

**AFFIDAVIT OF FULL DISCLOSURE**

State of           SS:

County of

I,                   , being first duly sworn upon oath or affirmation, depose and state,

that, except as reported in the applicant's/my application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the application,

that, except as reported in the application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the acquisition of any interest in the application,

that, except as reported in the application, I have no agreements or understandings and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the sale of any interest in the application.

I have full authority to execute this affidavit of full disclosure on behalf of the applicant and otherwise bind the applicant to the above.

\_\_\_\_\_  
(Individual Signature)

\_\_\_\_\_  
(Title)

Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared                   and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this           day of           , of           .

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)



## ATTACHMENT F

### CORPORATE TAX INFORMATION AUTHORIZATION REQUEST

I, \_\_\_\_\_, the duly authorized \_\_\_\_\_ (Corporate Officer) of \_\_\_\_\_ (Corporate Name), FEIN # \_\_\_\_\_ on behalf of the Corporation, do hereby authorize the Internal Revenue Service to release to:

**Executive Director or Designee  
Michigan Gaming Control Board  
1500 Abbott Road, Suite 400  
East Lansing, MI 48823**

confidential returns, or return information, i.e., all information in the possession of the Internal Revenue Service with respect to the corporate tax returns:

**In the spaces under "years", please identify the latest three years for each type of tax applicable. (i.e., if the current year is 2005, you would enter 2002, 2003, and 2004)**

<u>Type of Tax</u>	<u>Tax Form</u>	<u>Years or Periods (for the last 3 years)</u>		
Income	1120/1120s	<input type="text"/>	<input type="text"/>	<input type="text"/>
Excise	720	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment	941	03/31/_____ 06/30/_____ 09/30/_____ 12/31/_____	03/31/_____ 06/30/_____ 09/30/_____ 12/31/_____	03/31/_____ 06/30/_____ 09/30/_____ 12/31/_____
Unemployment	940	<input type="text"/>	<input type="text"/>	<input type="text"/>

I declare under penalty of perjury that I am a person authorized to make this request.

By: \_\_\_\_\_  
(Signature of Principal Officer)

\_\_\_\_\_  
(Title)

and

By: \_\_\_\_\_  
(Signature of Secretary or Other Officer)

\_\_\_\_\_  
(Title)

Date: \_\_\_\_\_

## ATTACHMENT G

### FIDUCIARY TAX INFORMATION AUTHORIZATION REQUEST

I, \_\_\_\_\_, a duly authorized trustee of \_\_\_\_\_ established under the laws of \_\_\_\_\_ (state), FEIN # \_\_\_\_\_, on behalf of the Trust, do hereby authorize the Internal Revenue Service to release to:

**Executive Director or Designee  
Michigan Gaming Control Board  
1500 Abbott Road, Suite 400  
East Lansing, MI 48823**

confidential returns, or return information, i.e., all information in the possession of the Internal Revenue Service with respect to the Trust tax liability:

**In the spaces under "years", please identify the latest three years for each type of tax applicable. (i.e., if the current year is 2005, you would enter 2002, 2003, and 2004)**

<u>Type of Tax</u>	<u>Tax Form</u>	<u>Years or Periods (for the last 3 years)</u>		
Estate	709	_____	_____	_____
Gift	706	_____	_____	_____
Fiduciary	1041	_____	_____	_____
Employment	941	03/31/_____ 06/30/_____ 09/30/_____ 12/31/_____	03/31/_____ 06/30/_____ 09/30/_____ 12/31/_____	03/31/_____ 06/30/_____ 09/30/_____ 12/31/_____
Unemployment	940	_____	_____	_____

I declare under penalty of perjury that I am a person authorized to make this request.

By: \_\_\_\_\_  
(Signature of Trustee)

Date:

## ATTACHMENT H

### INDIVIDUAL TAX INFORMATION AUTHORIZATION REQUEST

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_, swear or affirm under penalty of perjury that I am the taxpayer to which the forms listed below apply and this is my signature authorizing the Internal Revenue Service to release to:

**Executive Director  
Michigan Gaming Control Board  
1500 Abbott Road, Suite 400  
East Lansing, MI 48823**

confidential returns, or return information, i.e., all information in the possession of the Internal Revenue Service with respect to my tax liability:

**In the spaces under "years", please identify the latest ten years for each type of tax applicable. (i.e., if the current year is 2005, you would enter 1994 through 2004)**

<u>Type of Tax</u>	<u>Tax Form</u>	<u>Years</u>			
Income	1040	_____	through	_____	
Gift	709	_____	through	_____	
Employment	941	03/31/_____ 06/30/_____ 09/30/_____ 12/31/_____	through through through through	03/31/_____ 06/30/_____ 09/30/_____ 12/31/_____	
Unemployment	940	_____	through	_____	

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Signature)

Dated: \_\_\_\_\_

***This authorization is intended to comply with Internal Revenue Service Code Section 6103 (e)(1)(C).***

**ATTACHMENT I**

**PARTNERSHIP RETURN INFORMATION  
AUTHORIZATION REQUEST**

I, \_\_\_\_\_, the duly authorized \_\_\_\_\_ (General Partner, LTD Partner, etc.) of \_\_\_\_\_, established under the laws of \_\_\_\_\_ (State), FEIN # \_\_\_\_\_, on behalf of the Partnership, do hereby authorize the Internal Revenue Service to release to:

**Executive Director or Designee  
Michigan Gaming Control Board  
1500 Abbott Road, Suite 400  
East Lansing, MI 48823**

confidential returns, or return information, i.e., all information in the possession of the Internal Revenue Service with respect to the partnership tax returns:

**In the spaces under "years", please identify the latest three years for each type of tax applicable. (i.e., if the current year is 2005, you would enter 2002, 2003, and 2004)**

<u>Type of Tax</u>	<u>Tax Form</u>	<u>Years or Periods (for the last 3 years)</u>		
Partnership	1065	_____	_____	_____
Excise	720	_____	_____	_____
Employment	941	03/31/_____ 06/30/_____ 09/30/_____ 12/31/_____	03/31/_____ 06/30/_____ 09/30/_____ 12/31/_____	03/31/_____ 06/30/_____ 09/30/_____ 12/31/_____
Unemployment	940	_____	_____	_____

\_\_\_\_\_  
(Name of Partnership)

I declare under penalty of perjury that I am a person authorized to make this request.

By: \_\_\_\_\_  
(Signature of Partner)

Date:

**Please use this Checklist to assure that this application is complete BEFORE submitting to the Michigan Gaming Control Board.**

**“Attached/Yes” or “Not Applicable/No” MUST be checked for each line.**

	Description	Attached/ Yes	Not Applicable/ No
	Completely answered all questions.	<input type="checkbox"/>	<b>Required. “Attached/Yes” must be checked.</b>
	Written statement of intent or signed agreement with casino.	<input type="checkbox"/>	<b>Required. “Attached/Yes” must be checked.</b>
	Application Fee.	<input type="checkbox"/>	<b>Required. “Attached/Yes” must be checked.</b>
	Personal Disclosure Forms and/or Business Disclosure Forms required for all persons listed in table 10 & 10a of this application.	<input type="checkbox"/>	<b>Required. “Attached/Yes” must be checked.</b>
	Contact the MGCB Gaming Laboratory regarding laboratory submissions and approvals	<input type="checkbox"/>	<b>Required. “Attached/Yes” must be checked.</b>
Exhibit 1	Relevant business documents.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 2	Information regarding equity interest of more than 5% in any business entity.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 3	Written agreements with a casino.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 4	Unwritten agreements with a casino.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 5	Agreement conditions with a casino.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 6	Agreements with contingencies.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 7	Holders of enterprise debt.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 8	Debt instruments.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 9a	Civil lawsuit information.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 9b	Other litigation.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 10	Marketing, sales or distribution entities.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 11	Trust information.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 12	Foreign business interests.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 13	Foreign assets/liabilities.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 14	Ownership flowchart.	<input type="checkbox"/>	<b>Required. “Attached/Yes” must be checked.</b>
Exhibit 15	Organization documents.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 16	Other jurisdiction licenses/certificates.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 17	Financial statements.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 18	Annual reports–SEC forms 10k.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 19	Quarterly financial statement-SEC form 10Q.	<input type="checkbox"/>	<input type="checkbox"/>

**Checklist**  
**Page 2**

**“Attached/Yes” or “Not Applicable/No” MUST be checked for each line.**

	Description	Attached/ Yes	Not Applicable/ No
Exhibit 20	Interim reports-SEC form 8k.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 21	Proxy and informational statements.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 22	Registration statements.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 23	Reports of accountants.	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit 24	Organizational structure chart.	<input type="checkbox"/>	<b>Required.</b> <b>“Attached/Yes” must be checked.</b>
Exhibit 25	Tax returns (last 3 years).	<input type="checkbox"/>	<b>Required.</b> <b>“Attached/Yes” must be checked.</b>
Exhibit 26	Insurance documents.	<input type="checkbox"/>	<b>Required.</b> <b>“Attached/Yes” must be checked.</b>
Attachment A	Applicant’s Acknowledgement, Agreement and Consent	<input type="checkbox"/>	<b>Required.</b> <b>“Attached/Yes” must be checked.</b>
Attachment B	Applicant’s Consent to Release Information	<input type="checkbox"/>	<b>Required.</b> <b>“Attached/Yes” must be checked.</b>
Attachment C	Release of All Claims	<input type="checkbox"/>	<b>Required.</b> <b>“Attached/Yes” must be checked.</b>
Attachment D	Applicant’s Verification	<input type="checkbox"/>	<b>Required.</b> <b>“Attached/Yes” must be checked.</b>
Attachment E	Affidavit of Full Disclosure	<input type="checkbox"/>	<b>Required.</b> <b>“Attached/Yes” must be checked.</b>
Attachment F	Corporate Tax Information Authorization Request	<input type="checkbox"/>	<input type="checkbox"/> <b>Required for Corporations.</b>
Attachment G	Fiduciary Tax Information Authorization Request	<input type="checkbox"/>	<input type="checkbox"/>
Attachment H	Individual Tax Information Authorization Request	<input type="checkbox"/>	<input type="checkbox"/>
Attachment I	Partnership Return Information Authorization Request	<input type="checkbox"/>	<input type="checkbox"/>
	No staples or binders. Paperclips, rubberbands and binder clips only.	<input type="checkbox"/>	<b>Required.</b> <b>“Attached/Yes” must be checked.</b>
	Submit <u>complete</u> application to: Michigan Gaming Control Board Attn: Licensing Division 1500 Abbott Rd, Suite 400 East Lansing, MI 48823	<input type="checkbox"/>	<b>Required.</b> <b>“Attached/Yes” must be checked.</b>